

MDR Tracking Number: M2-03-1155-01  
IRO Certification# 5259

June 23, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by \_\_\_\_, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

\_\_\_\_ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to \_\_\_\_.

#### CLINICAL HISTORY

Records reflect that \_\_\_\_ was injured on the job \_\_\_\_\_. The records indicate he was in a crush position pushing on a man way (steel door), and strained his lower back. He has been evaluated and diagnosed with an inner tear at L4/5. He has had an MRI revealing evidence of significant lumbar degenerative disease at the lower two levels with facet hypertrophy in this bulge at L5/S1. He has received epidural steroid injections with minimal improvement. His physical examination indicates more pain with lumbar extension than lumbar flexion. He is likely a candidate for lumbar fact injections. \_\_\_\_, an orthopedic surgeon has requested an IDET procedure. In his own notes, he indicates a discogram will be necessary prior to IDET procedure. Case reviewer indicates no discogram performed, despite Dr. Berliner's own admission that it is required.

#### REQUESTED SERVICE (S)

Lumbar IDET procedure at L4/5

#### DECISION

The clinical information does not support a need for IDET procedure.

#### RATIONALE/BASIS FOR DECISION

First, there is no discogram to indicate the procedure necessary as noted by the requesting physician. Secondly, the history and physical examinations documented are more consistent with lumbar facet syndrome and advanced lumbar degenerative disc disease. It would be appropriate to consider discogram as diagnostic workup. It would be appropriate to consider lumbar facet injections as diagnostic and therapeutic treatment. If there is a significantly abnormal lumbar discogram, then IDET procedure would be a clinical possibility. At the present time, it is not indicated or medically reasonable.

The rationale utilized in this decision is based on the standards and norms from the international spine injection society as well as literature published by the San Francisco spine institute. In particular, the requesting physician has provided reference to the studies regarding IDET procedure and has not complied with the study he has submitted requesting the service.

#### YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk  
Texas Workers' Compensation Commission  
P.O. Box 17787  
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 30<sup>th</sup> day of May 2003.